

REQUEST FOR TECHNICAL SERVICES

Analytical Chemistry Laboratory/Argonne National Laboratory

			DATE
SUBMITTED BY (Print Name)	DIVISION	LOCATION	PHONE
COST CODE NUMBER			
NAME OF PROGRAM/PROJECT SUPPORTING THIS WORK			
REPORT RESULTS TO: (Print Names)	DIVISION	LOCATION	PHONE
	DIVISION	LOCATION	PHONE
	DIVISION	LOCATION	PHONE

It is agreed that publication of the data resulting from this analysis will provide appropriate acknowledgment for the analysis involved.

DESCRIBE TECHNICAL SERVICE NEEDED (Identify specific procedures to be used, if required):		
ANALYTICAL REQUIREMENTS (Accuracy, Detection Limits; Subject to Regulatory Holding Times; etc.):		
SAMPLE DESCRIPTION (Approximate Composition, Solvent, etc.):		
INFORMATION BELOW IS IMPORTANT TO ENSURING THE SAFETY OF ANALYSTS WORKING WITH YOUR SAMPLES. PLEASE BE COMPLETE.		
RADIOACTIVITY: 9 NO 9 YES 9 DON'T KNOW	TYPE: 9 DISPERSIBLE 9 NONDISPERSIBLE 9 LOOSE IN PACKAGE	LEVEL (dpm or mR/h): ALPHA _____ BETA _____ GAMMA _____
SPM TRANSFER DOCUMENT NO.:		HEALTH PHYSICS SURVEY BY (Signature):
POTENTIAL HEALTH HAZARD OR SPECIAL WASTE DISPOSAL (Carcinogenic, toxic, etc.): 9 NO 9 YES DESCRIBE:		
SAMPLE ORIGIN (Sample history, source, manufacturer, etc.):		
SPECIAL HANDLING REQUIRED: 9 NO 9 YES DESCRIBE:		
REMARKS (If more space is necessary, continue on back):		

Submitter's Sample No.	ACL Sample No.

FOR ACL OFFICE USE ONLY		
ANALYSTS ASSIGNED:	ESTIMATED HOURS:	DATE REPORTED: